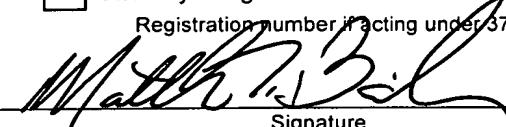


MLA Revision (10/01/2008)

Based on PTO/SB/22 (Rev. 01-2008)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Attorney Docket No. 29137.074.00
Application Number: 10/541,844		Filed: January 6, 2006
For: ORGANIC SILOXANE RESINS AND INSULATING FILM USING THE SAME		
Art Unit: 1792	Examiner: Erma C. Cameron	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter appropriate fee below):		
	Fee	Small Entity Fee
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, which may be required, or credit any overpayment, to Deposit Account No. <u>50-0911</u> .		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>33,829</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u></u>		
 Signature		September 29, 2009 Date
Matthew T. Bailey Typed or printed name		(202) 496-7500 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		

<i>Effective on 10/01/2008</i> <small>Patent and Trademark Office</small> Fee Transmittal For FY 2009		Complete if Known	
		Application Number	10/541,844
		Filing Date	January 6, 2006
		First Named Inventor	CHOI, Bum-Gyu
		Examiner Name	Erma C. Cameron
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1792
TOTAL AMOUNT OF PAYMENT (\$ 130.00)		Attorney Docket No.	29137.074.00

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-0911 Deposit Account Name: McKenna Long & Aldridge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)
under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	115	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Small Entity</u>
Each claim over 20 (including Reissues)	52 26
Each independent claim over 3 (including Reissues)	220 110
Multiple dependent claims	390 195

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
 _____ - 20 or HP = 0 x \$52 = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
 _____ - 3 or HP = 0 x \$220 = 0

HP = highest number of independent claims paid for, if greater than 3.

<u>Multiple Dependent Claims</u>	<u>Small Entity</u>
<u>Fee (\$)</u>	<u>Fee (\$)</u>
<u>0</u>	<u>0</u>

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 = <u>0</u>	/ 50 = <u>0</u> (round up to a whole number) x	_____	= <u>0</u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time

SUBMITTED BY			
Signature			Registration No. (Attorney/Agent) 33,829
Name (Print/Type)	Matthew T. Bailey		Telephone (202) 496-7500
			Date September 29, 2009